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| Case Number: | CM13-0005322 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 03/29/2004 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 07/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old male with a 3/29/04 date of injury. At the time of the Decision for Hydrocodone/Apap 10/325 Tab Sig: Take 1 Tab Every 4 Hours As Needed (Max 6/Day) Qty: 180.00, there is documentation of subjective (pain in the low back) and objective (restricted range of motion, paraspinal tenderness throughout the low back, positive straight leg raise, and loss of sensation to light touch in the L4 distribution on the left) findings, current diagnoses (lumbar disc displacement, spinal stenosis, myalgia and myositis, and carpal tunnel syndrome), and treatment to date (medications (including Norco (Hydrocodone/apap 10/325) since at least 11/28/12). Medical report identifies that the patient continues to rely on medication to manage his pain to maintain his current level of function. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Apap use to date.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

HYDROCODONE/APAP 10/325 TAB SIG: TAKE 1 TAB EVERY 4 HOURS AS NEEDED (MAX 6/DAY) QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, spinal stenosis, myalgia and myositis, and carpal tunnel syndrome. In addition, there is documentation of records reflecting prescriptions for Norco (Hydrocodone/apap 10/325 since at least 11/28/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that that the patient continues to rely on medication to manage his pain to maintain his current level of function, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Apap use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Apap 10/325 Tab Sig: Take 1 Tab Every 4 Hours as Needed (Max 6/Day) Qty: 180.00 is not medically necessary.